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CONFIRMATION NO. 5493

SERIAL NUMBER 09/348,618	FILING or 371(c) DATE 07/06/1999 RULE	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO. LSN-5		
APPLICANTS JOHN E. LARSON, HAMILTON, MT; ** CONTINUING DATA ***** This application is a CIP of 09/173,236 10/15/1998 PAT 6,182,583 and claims benefit of 60/091,800 07/06/1998 and claims benefit of 60/092,699 07/14/1998 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 07/30/1999						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ Anthony D Barfield /</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY MT	SHEETS DRAWINGS 16	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
ADDRESS John Larson P.O. Box 1197 Hamilton, MT 59840 UNITED STATES						
TITLE HEIGHT ADJUSTABLE FURNITURE COLUMNS INCLUDING ACTUATION MECHANISMS						
FILING FEE RECEIVED 2747	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			